

- population. *Diabetologia* 1993; **36**: 150–154.
2. McQuay HJ. Antidepressants and chronic pain. *Br Med J* 1997; **314**: 763–764.
 3. Worsley AP. New combination therapy for diabetic neuropathy. *Diabetes Debate* 1997; **3**: 20.
 4. Dejgaard A. Pathophysiology and treatment of diabetic neuropathy. *Diabetic Med* 1998; **15**: 97–112.

Parental Hypertension and Risk of Diabetic Nephropathy

Roglic *et al.*¹ report a weak association between a parental history of hypertension and the presence of microalbuminuria in the EURODIAB cohort, citing an odds ratio of 1.3 for the risk of albuminuria in those with and without a parental history of hypertension. By contrast, Krolewski *et al.*² have suggested that the influence of parental hypertension is far more powerful, reporting an odds ratio of 3.4 for the likelihood of nephropathy in the presence of parental history of hypertension. There are methodological differences between these studies, not least the difference in

the degree of renal disease. As discussed by Roglic,¹ some of their subjects with microalbuminuria may not later progress to overt nephropathy.

We examined parental history of hypertension in 118 patients with Type 1 diabetes and established nephropathy. The patients had advanced renal disease: 87 (74 %) receiving renal replacement therapy (either transplant or dialysis) and a further 31 (26 %) had serum creatinine of greater than 120 $\mu\text{mol l}^{-1}$ with elevated urinary albumin concentration ($> 300 \text{ mg l}^{-1}$). We compared these cases to a control group of 118 Type 1 patients of at least 14 years duration of diabetes, without evidence of microalbuminuria or nephropathy and matched for age, sex, and diabetes duration.

In our group 32 % of those with nephropathy compared to 27 % of controls had at least one parent with a history of hypertension (Fisher's exact test $P = \text{NS}$). Thus, in a group of patients with more severe renal disease the influence of a parental history of hypertension is still not particularly marked. We support the conclusions of Roglic *et al.* and suggest that inherited factors other than hypertension may explain the influence of family history on diabetic renal disease.

R. S. Lindsay¹, J. A. Little¹, A. J. Jaap¹, P. L. Padfield², J. D. Walker¹, K. J. Hardy³

¹Department of Diabetes, Royal Infirmary of Edinburgh, Edinburgh EH3 9YW

²Department of Medicine, Western General Hospital, Edinburgh EH4 2XU

³Department of Medicine, Whiston Hospital, Prescot, Merseyside L35 5DR

References

1. Roglic G, Colhoun HM, Stevens LK, Lemkes HH, Manes C, Fuller JH, and the EURODIAB IDDM Complications Study Group. Parental history of hypertension and parental history of diabetes and microvascular complications in insulin-dependent diabetes mellitus: the EURODIAB IDDM Complications study. *Diabetic Med* 1998; **15**: 418–426.
2. Krolewski AS, Canessa M, Warram JH, Laffel LM, Christlieb AR, Knowler WC, Rand LI. Predisposition to hypertension and susceptibility to renal disease in insulin-dependent diabetes mellitus. *N Engl J Med* 1988; **318**: 140–145.